

**SCHEDULE 1 (Form 7):****Statement of Receipts and Disbursements**

(Refer to Form 8 Instructions to Complete SCHEDULE 7)

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Post Actual Results Prior Period:	Present				Future	
		Budget Period Just Ended:	Actual Results	Deviation from Budget  Column C minus Column B	Deviation as Percent  Column D divided by Column B and multiplied by 100	Budget Current Year	Change Requested  Column F minus Column C
1	Start Date of each Period:	___/___/20__	___/___/20__			___/___/20__	
2	End date of each Period:	___/___/20__	___/___/20__			___/___/20__	
<b>Receipts (Money Received):</b>							
3	Retirement and Disability Income						
4	Annuities, Structured Settlements, and Trust Income						
5	Wages and Earned Income						
6	Investment and Business Income						
7	Other Receipts (Attach Schedule)						
8	Total Receipts (add lines 3 through 7)						
9	Assets/Liabilities as Receipts (see instructions)						
10	Total Income included in Receipts (line 8 minus line 9)						
<b>Disbursements (Money Spent):</b>							
<b>Spent for Protected Person:</b>							
11	Food, Clothing, and Shelter						
12	Medical Costs						
13	Dignity Funds						
14	Debt Service on Liabilities						
15	Discretionary Expenditures						
16	Other for Protected Person (Attach Schedule)						
17	Total for Protected Person (add lines 11 through 16)						
<b>Spent for Administrative Fees &amp; Costs:</b>							
18	Fiduciary Fees and Costs						
19	Fiduciary's Attorney Fees and Costs						
20	Protected Person's Attorney Fees and Costs						
21	Other Administrative Fees and Costs (Attach Schedule):						
22	Total Administration (add lines 18 through 21)						
23	Total Disbursements (add lines 17 and 22)						
24	Assets/Liabilities as Disbursements (see instructions)						
25	Total Expenses in Disbursements (line 23 minus line 24)						
26	Total Surplus/(Shortfall) (line 8 minus line 23)						
27	Net Income/(Net Expenses) (line 10 minus line 25)						